

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	24 <del>42</del> minus 20 = *	12 <del>42</del>
INDEPENDENT CLAIMS	17 <del>22</del> minus 3 = *	14 <del>48</del>
MULTIPLE DEPENDENT CLAIM PRESENT		

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐ OR

OTHER THAN  
SMALL ENTITY

RATE	FEE		RATE	FEE
	345.00	OR		690.00
X\$ 9=		OR	X\$18=	345.00
X39=		OR	X78=	1140.00
+130=		OR	+260=	260.00
TOTAL		OR	TOTAL	552.00

## CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

SMALL ENTITY OR

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			

RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This Form is for INTERNAL PTO USE ONLY  
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE  
(CALCULATION SHEET)

APPLICATION NUMBER: 9/559013

Total Fee Calculation

Fee Code	Total # Claims	Number Exam	X	Fee	Fee	=	Total
Sm./Lg.				Sm. Entry	Lg. Entry		
Basic Filing Fee	201/101				<u>690</u>	-	<u>690</u>
Total Claims >20	203/103	<u>196</u>	-20-	<u>176</u>	X		<u>3168</u>
Independent Claims >3	202/102	<u>21</u>	-3-	<u>18</u>	X		<u>1404</u>
Multi-Dep Claim Present	204/104				<u>260</u>	-	<u>260</u>
Surcharge	205/105				<u>130</u>	-	<u>130</u>
English Translation	139						
TOTAL FEE CALCULATION							<u>5652</u>

Fees due upon filing the application

Total Filing Fees Due = \$ 5652.00

Less Filing Fees Submitted - \$ ✓

BALANCE DUE = \$ 5652.00

J. Artes  
Office of Initial Patent Examination

Figure 7